

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Remote Dispensing Facility Renewal

Renew online at [MyLicense.IN.gov](http://MyLicense.IN.gov). Registration codes were provided in the renewal notices either emailed or mailed to each facility. You may also send this form to the address listed above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after license expiration you must include a \$50 late fee. If you answer 'Yes' to any of the first 5 questions below, include a signed statement fully explaining the response plus any additional documentation with this renewal application.

#### LICENSEE INFORMATION

Licensee Name	License Number	Expiration Date	
Phone Number	Email Address		

#### QUESTIONS

1. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, has your facility or any of your pharmacists or technicians been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?	YES	NO
2. Since you last renewed, have any of your pharmacist or pharmacy technician licenses been disciplined or are formal charges pending?	YES	NO
3. Since you last renewed, has your facility's license(s) been disciplined or are formal charges pending in your state of domicile or any other state in which the facility is licensed?	YES	NO
4. Since you last renewed, has your facility been denied a license or registration in any state or U.S. territory?	YES	NO
5. Since you last renewed, have you had any action, discipline, or revocation on any federal registration you hold or have held?	YES	NO
6. Does your facility engage or plan to engage in sterile compounding?	YES	NO
7. Does your facility engage or plan to engage in non-sterile compounding?	YES	NO

#### LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that, as a representative of this facility, I have read, reviewed, and understand the Indiana Board of Pharmacy statutes and rules and have answered the questions truthfully to the best of my knowledge.	
Signature	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Pharmacy, please email [renewal4@pla.in.gov](mailto:renewal4@pla.in.gov) or call 317-234-2067.

#### FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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